

## Best Available Copy

POSITION	ID NO.	DATE
CLASSIFIER		8 526-94
EXAMINER		
TYPIST	572	12/5/94
VERIFIER	20	12/9
CORPS CORR.		
SPEC. HAND	412	6-7-94
FILE MAINT.	442	6/10/94
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
Final	
Original	6/6 9/3 7/5 4/5
1	+ N
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50	+ N

SYMBOLS

- < ..... Rejected
- = ..... Allowed
- (Through number) Canceled
- Restricted
- Non-elected
- Interference
- Appeal
- O ..... Objected

Claim	Date
Final	
Original	6/6 9/3 7/5 4/5
51	+ N
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54	N
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56	+ N
57	✓ ✓ ✓ ✓ ✓ ✓ ✓
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59	✓ ✓ O O O
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62	O
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64	✓ ✓ ✓ ✓ ✓ ✓
65	✓ ✓ O ✓ ✓ ✓
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67	✓ ✓ ✓ ✓ ✓ ✓
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69	✓ ✓ ✓ ✓ ✓ ✓
70	✓
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(LEFT INSIDE)